Perinatal Depression Screening in Inpatient Care

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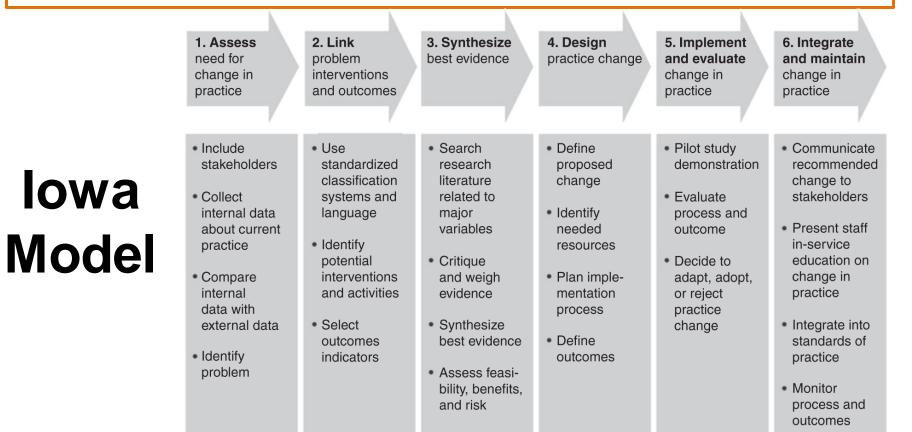
Purpose

Create awareness and support for patients that are admitted to the hospital until delivery. Including a perinatal depression screening tool throughout admission will allow providers and medical professionals opportunity to facilitate treatment and provide additional therapy services during the patient's stay.

Background & Key Findings

- Perinatal depression (PD) refers to depression that occurs during pregnancy or within the first year after childbirth. It encompasses both prenatal depression (during pregnancy) and postpartum depression (after childbirth). Perinatal depression can affect mothers, fathers, and even adoptive parents.
- No current national standard for assessing perinatal mood disorders in the inpatient setting
- Untreated perinatal depression can lead to:
 - Lack in Energy & Loss of Interest
 - Persistent Sadness, Hopelessness, or Empty-ness
 - Irritability & Agitation
 - Thoughts of Self-Harm or Suicide

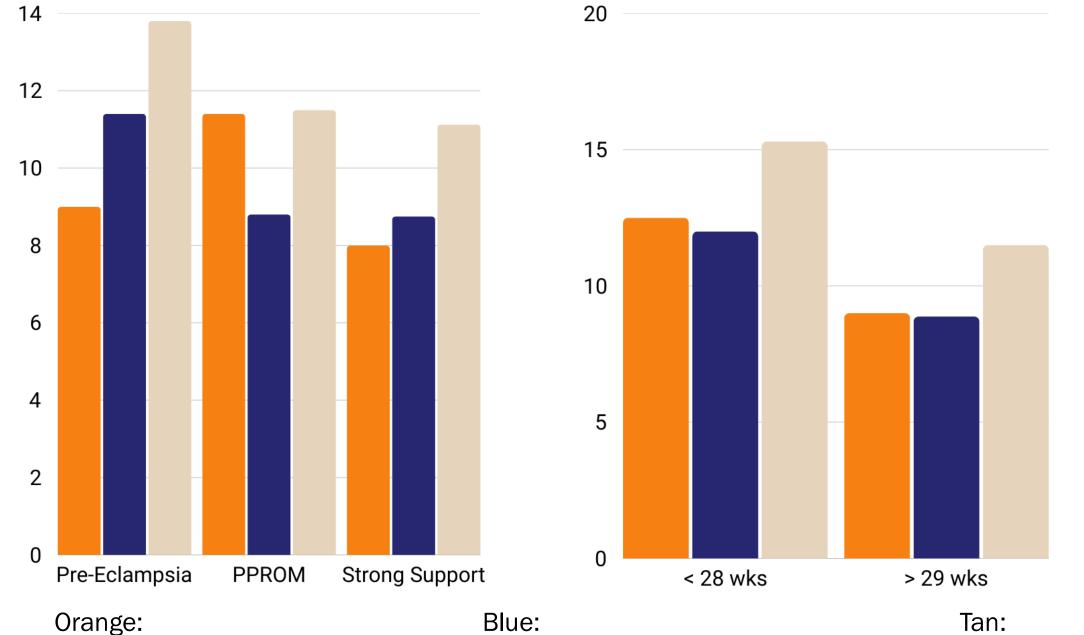
<u>1 in 7 patients experiencing a pregnancy will develop perinatal</u> depression



(lowa Model Collaborative, 2017)

- N = 18 pregnant patients
- Gestational age: 24w2d 34w1d (All second trimester)
- Data collection: September October 2024
- Admitting diagnosis: Diverse range, five most common:

 - Threatened Preterm Labor



Orange: Average Initial EPDS Score



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Methods

Retrospective quantitative approach to assess EHR documentation of the Edinburgh Perinatal Depression Screen (EPDS) scoring throughout a patient's inpatient stay

- Pre-labor preterm rupture of membranes
- Preeclampsia
- Abruption
- Septic Shock

Descriptive statistics to calculate EPDS scores, review documentation & identify trends Primary focus was administration of EPDS screening tool within 72hrs of admission

- EPDS scores were recorded every seven days
- Secured electronic spreadsheet
- Data was numerical-quantitative analysis
- Data was de-identified to ensure confidentiality

Between 10 weeks of data collection

- stay
- scores decreased with length of stay
- score

Recommendations

- depression during inpatient admission
- inpatient interventions
- **EPDS** tool administration

Acknowledgements

- **RN CMSRN ACNS-BCV**
- **Second Reviewer: Dr. Emily Evans**



Average Repeat EPDS Score (+7 days) Average EPDS scoring at 3 week pp visit

Conclusion

Preeclampsia depression scores increased with length of

Pre-labor preterm rupture of membranes depression

Lower the admitting gestational age the higher the EPDS

Patients with strong support system & living within one hour of facility scored < 11 on initial screen

Formation of policy for ongoing assessment of perinatal

Formation of Antepartum Committee to assist with

Monthly EHR audits to facilitate & ensure compliance of

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References available upon request